

Safeguarding Annual Report 2018–2019

Trust Board	Item: 14
Date: 7 th August 2019	Enclosure: J
Purpose of the Report: The purpose of this annual report is to inform members of the Trust Board of the Safeguarding activities within Kingston Hospital NHS Foundation Trust (KHFT) during the year 1st April 2018 to 31st March 2019, and priority areas for 2019/20.	
For: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Compliance with statutory requirements for safeguarding children and adults
Legal / Regulatory / Reputation Implications:	Reputational, Regulatory - CQC Risk Profile Compliance with Care Act 2014.
Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Link to Relevant Corporate Objective:	To comply with Care Quality Commission requirements to maintain license to practice
Document Previously Considered By:	Safeguarding Children Committee Patient Safety & Risk Management Committee Executive Management Committee
Recommendations: The Trust Board is asked to:	
<ul style="list-style-type: none"> • Note the annual report, the improvements made during 2018/19 and the priority areas for implementation during 2019/20 • Approve publication of the report as the Annual Safeguarding Declaration 	

Safeguarding Annual Report

April 2018 – March 2019

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Executive Summary

Kingston Hospital NHS Foundation Trust (KHFT) is committed to ensuring safeguarding is part of its core business and recognises that safeguarding children, young people and adults at risk is a shared responsibility with the need for effective joint working between partner agencies and professionals. This annual report outlines how the safeguarding service is performing and promoting best practice. The report provides an update on safeguarding progress during 2018/19 and identifies safeguarding key issues, risks and priorities for 2019/20.

The Safeguarding Adults and Childrens Steering Groups are responsible for disseminating and monitoring information from Kingston Safeguarding Adults Board (KSAB) and Safeguarding Children's Board (KSCB). In turn as a partner agency, the Trust provides challenge and scrutiny to both Boards as this is an essential part of working together to keep children, young people and adults who are at risk, safe.

The Safeguarding Adults and Childrens Steering Groups are responsible for disseminating information to operational leads across the Trust ensuring that safeguarding is embedded into practice.

The Safeguarding Team contributed to the 'Outstanding' rating from CQC following an inspection during this period. The CQC found that staff had received training on how to recognise and report abuse and they knew how to apply the training in practice.

Kingston Safeguarding Adults Board rated the Safeguarding Adults Team as Green in all areas assessed for the 2018/19 Safeguarding Adults at Risk Audit Tool.

Safeguarding training meets the national standards as identified in the Intercollegiate Guidance 2019 (Children) and the RCN Intercollegiate Guidance 2018 (Adults).

There have been two Safeguarding Adult Reviews (SARs) and one Learning Lessons Review (LLR) completed within this reporting period. In addition, KHFT are contributing to two ongoing SARs from this period.

The London Multi Agency Safeguarding Adults Policy has been updated during this period. This policy has been approved for use in all NHS Organisations by NHS England. Use of this policy has been approved by the Trust and will ensure that it is acting in line with current legislation and guidance.

The profile of Prevent has been raised across the organisation in 2018/19 due to the hosting of a one day conference on site which was attended not only by hospital staff but also partner organisations and healthcare providers.

2018-19 has seen a continuation of the strengthening and improvement of the arrangements in place within the Trust to safeguard our most vulnerable patients. The safeguarding teams will continue to develop and embed a culture that puts safeguarding at the centre of care delivery throughout 2019/2020.

1. Introduction

- 1.1 This annual report reflects the arrangements to safeguard and promote the welfare of children, young people and adults at risk within KHFT for the period of April 2018 to March 2019. In doing so, the Trust discharges part of its responsibility for Board-level assurance, scrutiny and challenge of safeguarding practice within the Trust, in line with the statutory requirements of section 11 Children Act (2004), Working Together to Safeguard Children (2018), the Mental Capacity Act 2005 and the Care Act 2014.
- 1.2 In addition to the requirements of the Children Act 2004, the Trust, as a registered provider with the Care Quality Commission (CQC), must have regard for the Regulations as established under the Health and Social Care Act (2008). In relation to Safeguarding, including but not limited to, Regulation 13 and Regulation 17, relating to protecting service users from abuse and good governance, respectively.
- 1.3 This report presents the integrated safeguarding portfolio and is arranged sequentially under safeguarding adults, safeguarding children and safeguarding within maternity services.

2. National

- 2.1 Safeguarding is a complex area of practice. The potential patient group is wide ranging from people able to self-care to those who are experiencing a short term illness or a long term disability. Abuse can happen in any context and takes many forms, some of which may not be obvious. It is therefore essential that the Trust continues to promote the importance of safeguarding for our patients and community.
- 2.2 Sexual exploitation, modern slavery, gangs and Prevent have been priority work streams 2018/19 highlighted either by central government or by national publication. The safeguarding teams have ensured that their training programmes highlight these themes for frontline staff.

3. Local Context

- 3.1 KHFT is a key partner agency for safeguarding within the Borough of Kingston. This is achieved by:
 - Membership of Kingston Safeguarding Adults Board (KSAB) and Kingston Safeguarding Children's Board (KSCB) and sub-groups of both Boards
 - Multi-agency audit and multi-agency training with the KSAB and KSCB
 - Active contribution to Safeguarding Adult Reviews (SAR's) and Serious Case Reviews (SCR's)
 - Active contribution to Domestic Homicide Reviews (DHR's) with the associated Community Safety Partnership
 - Active participation at complex safeguarding meetings
 - Attendance and dissemination of information at the Multi-Agency Risk Assessment Conference (MARAC) when appropriate

- Commitment to attendance to support the Prevent agenda and the Channel panel in Kingston when requested
- Close liaison and dissemination of information with the Multi Agency Safeguarding Hub (MASH)

4. Safeguarding Governance

4.1 Named Safeguarding Roles

4.2 KHFT is accountable for ensuring that its own safeguarding structure and processes meet the required statutory requirements of the Children's Act 2004, the Care Act 2014 and other statutory and national guidance. The safeguarding roles, duties and responsibilities of all organisations in the National Health Service (NHS) including the Trust, are laid out in the NHS England 'Accountability and Assurance Framework' which was published in 2015.

4.3 The Trust is highly committed to safeguarding with a strong culture of safeguarding vulnerable individuals of any age that have contact with services – either as patients, visitors or staff. Therefore robust governance processes are in place to ensure that services delivered are keeping people of all ages safe.

4.4 The Trust is statutorily required to maintain certain posts and roles within the organisation in relation to safeguarding. These have been fulfilled throughout 2018/19.

4.5 The Director of Nursing & Quality is the Executive Lead for Safeguarding and represents the Trust at the Kingston Safeguarding Adult's Board (KSAB) and Kingston Safeguarding Children's Board (KSCB). When required the Named Nurses for Safeguarding Adults and Children deputise.

4.6 The Deputy Director of Nursing and the Director of Midwifery provide strategic direction for both adult and children's safeguarding and support the Director of Nursing & Quality in the Executive role.

4.7 The Named Professionals provide the organisation with operational advice, support and input. The professionals are committed to supporting the workforce in understanding safeguarding, embedding it into 'everyday business' and improving outcomes.

4.8 The aims of the service are to:

- Provide visible and professional safeguarding leadership for all aspects of safeguarding adults, children and young people to ensure that day to day advice, support and expertise is available to all staff in the Trust. This includes the responsibility of the implementation, maintenance and development of effective and efficient systems for the detection, prevention, surveillance, investigation and control of harm and abuse.
- Facilitate safeguarding training sessions across the hospital to ensure that learning, skills set and knowledge of staff is provided as per statutory and mandatory training requirements. This includes all matter of communication across the hospital to ensure that the local needs and risks of children, young people and adults are understood and dealt with to a degree by the frontline staff using lessons learnt from national and local case reviews, best practice and research. Ethical concerns, legislative processes and reporting processes are part of this training as per hospital staff's roles and responsibilities.

- Contribute to the development of appropriate systems including audit, governance policies and procedures to ensure safe practice in relation to the delivery of an effective safeguarding service across the hospital.
- Provide guidance and advice to the Human Resources Department in staff investigations including disciplinary, related to vulnerable adults, children and young adults.
- Work in partnership with key internal and external stakeholders to deliver a comprehensive, cohesive, safe and effective safeguarding service for the hospital. This includes engagement with at risk patients, relatives and advocates in order to gain feedback in order to ensure services and service improvements are patient centred and enhance equality and parity of esteem.

4.9 The expected outcomes of the service are to:

- Facilitate the development of a confident, informed workforce in relation to their role and responsibility to children, young people and adult welfare and safeguarding matters
- Improve outcomes for children, young people and adults
- Reduce risk to children, young people, adults, visitors and staff

4.10 The Named Professional Team comprises of:

- WTE Named Nurse (Children)
- WTE Named Midwife
- WTE Named Nurse (Adults)
- WTE Named Doctor (Children)

4.11 The Named Nurse Adult is supported by a 0.8 WTE Safeguarding Practitioner, who provides advice, support and training to all staff within the Trust about the management of safeguarding and vulnerability issues. The Named Nurse, Safeguarding Children is supported by a 0.6 WTE Liaison Health Visitor who ensures that there is effective two-way communication and sharing of information between hospitals and community services which enables children and their families to receive appropriate care and support. The Safeguarding Children team administrator works with the Safeguarding Children's team and is essential for providing general assistance and support to the Children's team on a daily basis, including handling sensitive, emotive and confidential information.

5. The Child Safeguarding Committee and Adult Safeguarding Committee

5.1 The Child Safeguarding Committee and Adult Safeguarding Committee meet individually four times a year and jointly twice a year. Thus each meets six times in total. These meetings are chaired by the Deputy Director of Nursing and the Director of Midwifery. They are attended by the senior clinical, governance and legal professionals with a direct responsibility for ensuring that the Trust is meeting its safeguarding responsibilities. They provide scrutiny, direction and leadership to the Trust on safeguarding activities.

6. Safeguarding Senior Ward Managers Group

6.1 The Safeguarding Senior Ward Managers Group (SSWMG) was established towards the end of this period to support the work of the Safeguarding Adults Steering Group. This group meets bi-monthly and membership consists of Matrons

and Ward Managers. It is responsible for providing assurance that the safeguarding of adults at risk agenda is effectively implemented within the Trust.

7. Disclosure and Barring Service (DBS)

- 7.1 Disclosure and Barring Service (DBS) regulations are in place for the Trust. All new employees and volunteers are checked as part of the employment/volunteer process. Safer recruitment processes are followed and the safeguarding team work closely with Human Resources when concerns are raised.

8. Safeguarding Incidents

- 8.1 Safeguarding incidents in the Trust are monitored by the safeguarding team on a daily basis. Alerts for safeguarding incidents are generated via Ulysses. The majority of incidents are managed at ward level by the Ward Manager however some are more complex. The Named Nurses are involved in providing safeguarding expertise when required. The incidents are analysed to detect trends and themes and to improve safeguarding within the Trust.

9. Quality Schedule

- 9.1 The Trust has agreed Key Performance Indicators with the CCG to ensure compliance with statutory safeguarding requirements. A quarterly Safeguarding Adults and Children's report is submitted to the CCG to demonstrate progress against the established Key Performance metrics.

10. Care Quality Commission

- 10.1 The Care Quality Commission (CQC) visited and inspected the Trust in May and June 2018 when the Trust received an 'Outstanding' rating. The inspection team found that there were good safeguarding systems, processes and practices in place to keep people safe, and these were well communicated to staff. Staff understood how to protect patients from abuse and had training on how to recognise and report abuse and they knew how to apply it in practice.
- 10.2 Documentation, training and staff understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards had improved since the previous inspection. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

11. Partnership Working

- 11.1 The Trust is committed to working with partners to improve outcomes for adults at risk, young people and children. Part of that commitment takes the form of attendance at, and active participation in the KSAB and KSCB.
- 11.2 The table below highlights the attendance of the safeguarding teams at the external Kingston Safeguarding Boards and subgroups (relevant subgroups in italics). Commitment to these subgroups is substantial, not only in terms of attendance, but also with active participation and contribution to work streams:

Meeting	Frequency	Role
Kingston Safeguarding Adults Board	Quarterly	Director of Nursing/Deputy Director of Nursing/Named Nurse Safeguarding Adults
Kingston Safeguarding Adults Communication Sub Group	Quarterly	Named Nurse for Safeguarding Adults
Kingston Safeguarding Adults Training Sub Group	Quarterly	Named Nurse for Safeguarding Adults
CCG South West London Health Leads Forum	Quarterly	Named Nurse for Safeguarding Adults
Kingston Safeguarding Children Main Board	Quarterly	Director of Nursing / Named Nurse for Safeguarding Children
Kingston Safeguarding Children Serious Case Review Subgroup	Quarterly	Named Nurse for Safeguarding Children
Kingston Safeguarding Children Quality Assurance Subgroup	Quarterly	Named Nurse for Safeguarding Children
Kingston Safeguarding Children Training and Workforce Development subgroup	Quarterly	Named Nurse for Safeguarding Children

- 11.3 There have been two Safeguarding Adult Reviews (SARs) and one Learning Lessons Review (LLR) completed within this reporting period. There are two ongoing SARs. KHFT has completed a chronology as requested for one of the reviews and has attended the initial panel meeting for the other one. These reviews take place after an adult or a child dies or is seriously injured, and abuse or neglect is thought to be involved. The reviews look at lessons that can help prevent similar incidents from happening in the future.
- 11.4 Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victim Act 2004. There has been no DHR's in which the Trust contributed to during 2018/19. All requests for information to potential DHRs have been completed within the requested time frame.

Safeguarding Adults

12. National Context

12.1 The Safeguarding Adults Collection (SAC) Annual Report 2017-18 published by NHS Digital in November 2018 presents information about adults at risk for whom safeguarding enquiries were opened during the reporting period 1 April 2017 to 31 March 2018. A safeguarding concern is where a local authority is notified about a risk of abuse, follows up the notification with information gathering, and if appropriate, instigates an investigation (enquiry) under the local safeguarding procedures. The report highlighted:

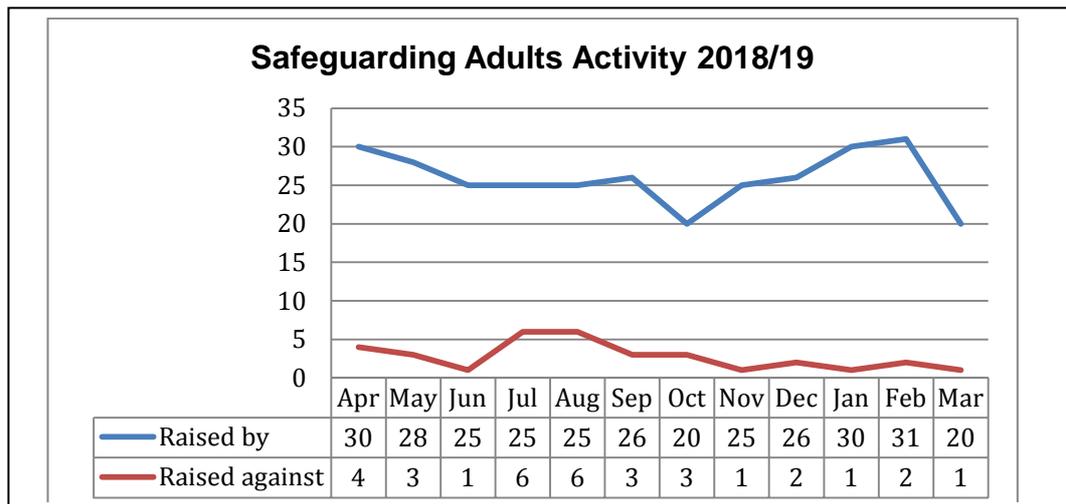
- There were 394,655 concerns of abuse raised during 2017-18, an increase of 8.2% on the previous year.
- There were 150,070 safeguarding enquiries that started in the year; a decrease of 1,090 (0.7%) on 2016-17.
- The number of Section 42 enquiries that commenced during the year fell by 1.1% to 131,860 and involved 107,550 individuals. The number of other enquiries increased by 1.8% to 18,210 during the same period.
- Older people are much more likely to be the subject of a Section 42 safeguarding enquiry; one in every 43 adults aged 85 and above, compared to one in every 862 adults aged 18-64.
- The most common type of risk in Section 42 enquiries that concluded in the year was Neglect and Acts of Omission, which accounted for 32.1% of risks, and the most common location of the risk was the person's own home at 43.5%. In 68.5% of Section 42 enquiries a risk was identified and action was taken.

13. Activity

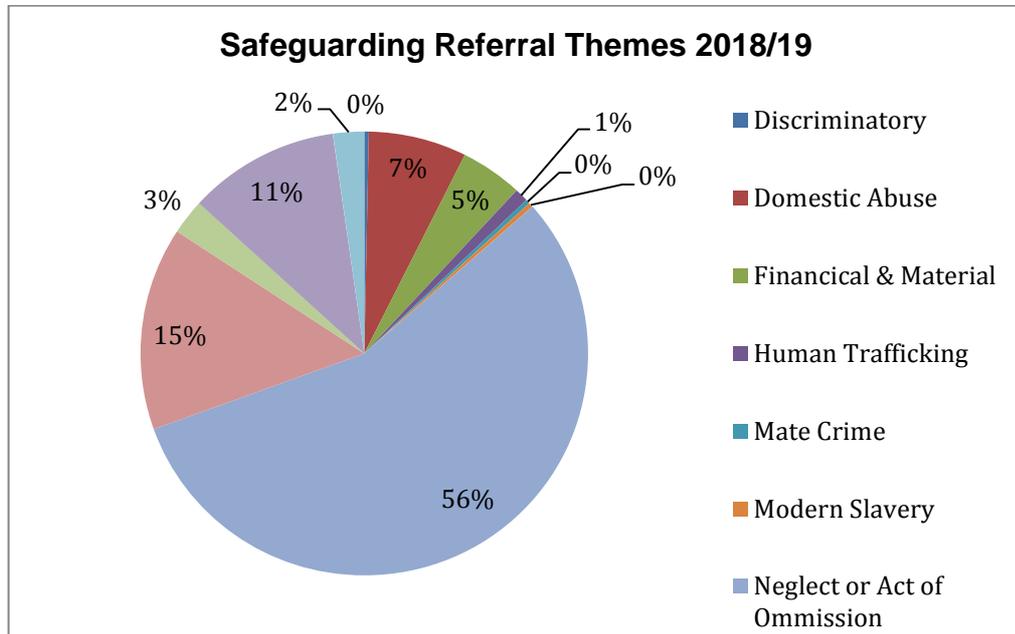
13.1 There were 311 Safeguarding Adults referrals made by Trust staff during the reporting period. The referral rates to the Local Authority have increased slightly compared to the previous period 2017/18 when 299 referrals were made.

13.2 The majority of referrals were generated by the emergency and urgent care departments. These areas are often where initial assessments are undertaken prior to admission to the Trust in-patient wards.

13.3 The chart below shows the number of safeguarding referrals that were made by and against the Trust for 2018-19.



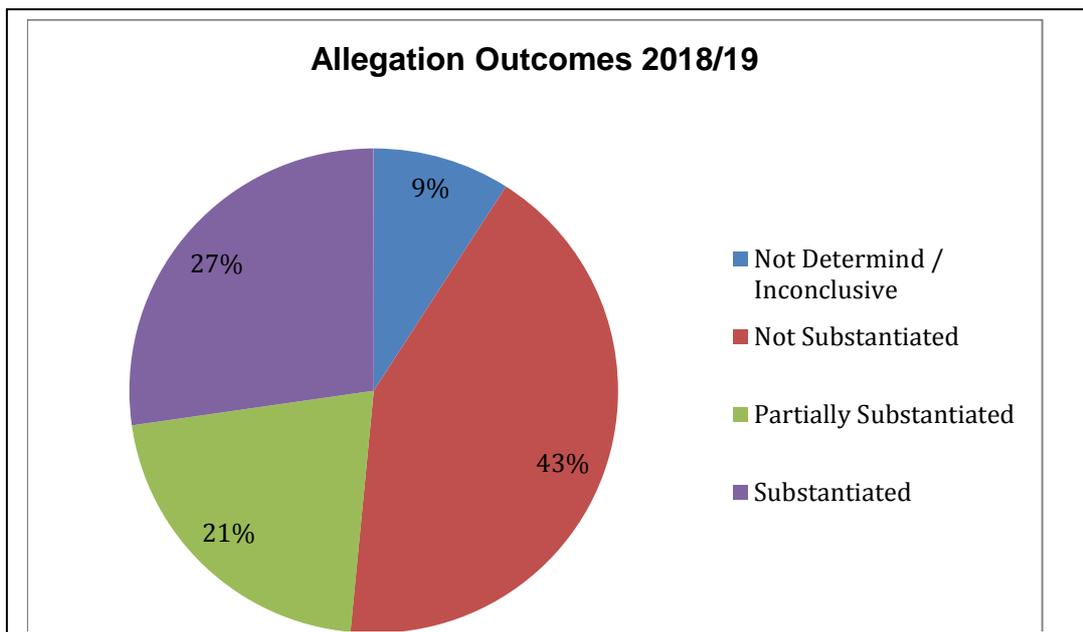
13.4 The chart below highlights the themes of referrals made by the Trust during this reporting period. Neglect or Act of Omission has been the highest level of safeguarding adult concern in terms of both referrals made by the Trust or against the Trust which is in line with the national findings of The Safeguarding Adults Collection (SAC) Annual Report 2017-18.



13.5 Safeguarding Adults investigations run on a 28 day timeline by the Local Authority. The Trust has contributed and completed within this timeframe for the majority of investigations. The chart below illustrates the percentage outcomes of 33 safeguarding referral concerns raised against the Trust.

13.6 The number of referrals can be broken further down into:

- 9 Substantiated
- 7 Partially Substantiated
- 14 Not Substantiated
- 3 Not Determined / Inconclusive



13.7 KHFT is committed to working with its community partners to improve the care provided to our patients both inside and outside the hospital. During this period the Hospital has re-established and firmly embedded the Cause for Concern process to support this. The process has been designed so that community partners can formally raise issues of concern with KHFT. These are issues that have mostly occurred following an inpatient stay and are predominantly related to discharges but are not exclusive to this group. Previously many of these concerns were coming to the hospital via the Safeguarding route despite not meeting the threshold for a safeguarding concern.

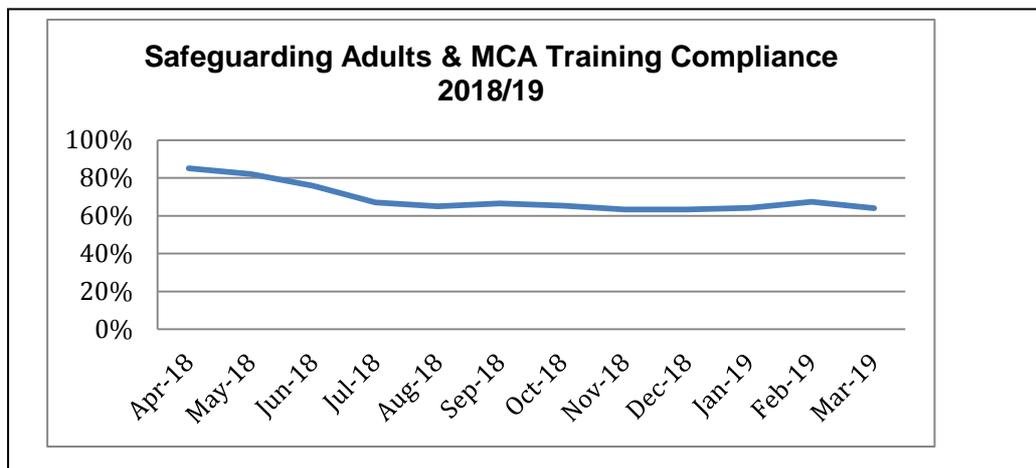
Therefore by reinvigorating this process the Hospital is able to allocate its safeguarding resources more usefully whilst still ensuring all patient safety incidents are thoroughly addressed by the Patient Safety Team via the correct governance route.

13.8 During this period the Trust received 37 Cause for Concern referrals. As this process only became firmly established in the final quarter of this period it is not yet possible to comment on the significance of the data but going forward the numbers and trends will be monitored and analysed for themes and issues. A quarterly meeting is facilitated by the patient safety team and attended by the Named Safeguarding Adults and Children's Nurses, The CCG designated Safeguarding Leads, The Royal Borough of Kingston Safeguarding Adults Lead and Your Health Care (provider of Kingston Community Services).

13.9 Where safeguarding and Cause for Concern investigations have taken place, the outcomes have been shared with staff members via ward / department meetings to review and instigate processes/clinical practice to prevent similar incidents from occurring. For example, the clinical, discharge and transport teams have come together to review processes to ensure that there is appropriate contingency planning for the care of patients who are being transported on longer journeys on discharge.

14. Training

14.1 The safeguarding teams are committed to training and education which are fundamental to develop staff confidence and skills in relation to safeguarding. In recognition of the need for safeguarding adults training to be competency based the E Learning platform used by the Trust to deliver Level 1 and Level 2 Safeguarding Adults training facilitates the use of assessments to confirm that staff have achieved the required level of knowledge and understanding. The chart below highlights the safeguarding adult statutory and mandatory training compliance over the year of 2018-19.



14.2 The Trust recognises that since the introduction of the new E Learning platform for the delivery of statutory and mandatory training, compliance rates for safeguarding adults training has dropped below the 85% target set by the Trust. Compliance rates are monitored by the Safeguarding Adults Steering Group and the Safeguarding Adults Senior Ward Managers Group. The below actions have been initiated by these groups to address the current compliance rates.

- The Safeguarding Adults Named Nurse is now a member of the Statutory and Mandatory Training Steering Group. This group will lead on supporting staff to transition over to the new E Learning platform and improve compliance rates in the Trust.
- The Safeguarding Adults Practitioner has completed a deep dive with the Learning and Development Team to establish a list of staff members who have not completed their mandatory safeguarding adults training and this list has been shared with all Matrons. The Matrons are now in the process of ensuring that these individuals complete their training without delay.
- Safeguarding Adults training compliance rates are raised at multiple internal meetings including the Senior Sisters Meeting and the Nursing and Midwifery Board Meeting to ensure it remains high on the agenda for all staff and line managers.

14.3 The Trust has now migrated onto the NHS Electronic Staff Record (ESR). This system allows staff to see, with a traffic light dashboard system their individual mandatory training compliance rate.

14.4 The Safeguarding Adults Named Nurse has continued to provide additional face to face training jointly with the Safeguarding Children's Named Nurse to all new members of staff as part of their Trust induction and as part of the new nurse and health care assistant induction programme. Additionally ad hoc training is provided on request to all departments in the hospital when they run their department led study days for staff. The safeguarding team also ensure that managers and staff are made aware of external learning opportunities via the KSAB or NHS England.

15. Mental Capacity Act

15.1 The Mental Capacity Act (MCA) published in 2007, protects and empowers individuals who are unable to make all or some decisions for themselves. The MCA applies to everyone working in health and social care providing support, care or treatment to people aged 16 and over who live in England and Wales.

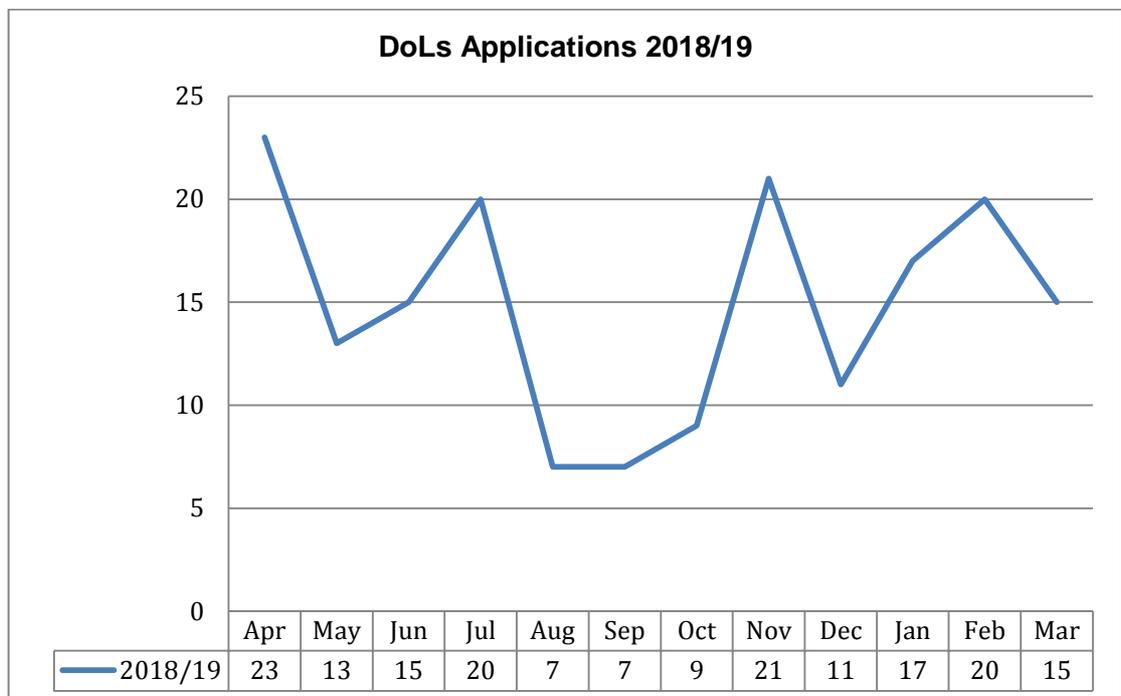
15.2 The safeguarding team undertook an annual audit 'Making Safeguarding Personal Mental Capacity Act and Deprivation of Liberty Safeguards' during this period. The purpose of the audit was to determine if mental capacity assessment, best interest decision making and DoLs applications were being completed in accordance with legal requirements and local policy. To assess the quality of documentation associated with MCA best interest decision making and DoLs and to assess staff awareness, knowledge and use of the MCA and DoLs. To embed ownership of the audit, the data was collected by the Senior Ward Managers. Feedback from those undertaking the audit was that the data collection tool was open to subjective interpretation thus calling into question the consistency of reporting. A deep dive audit was undertaken following the full audit to establish the validity of the findings. The deep dive audit confirmed that the subjectivity of the data collection tool led to large variances in findings. As a result of this the Trust has committed to establishing a new audit tool to measure compliance with the Mental Capacity Act.

15.3 The difficulties faced by the NHS in developing an MCA Audit Tool which can accurately capture the use of the Mental Capacity Act in a health care environment has been well recognised. In order to address this, the Kingston and Richmond CCG led South West London Health Leads Forum has established a working group to design a new MCA audit tool which can be used in South West London. The Hospitals Safeguarding Adults Named Nurse is a member of this working group.

15.4 Practical application of the MCA was identified as a specific training and support need as part of the feedback of the audits. Bespoke / master classes training have been devised and made available to staff across the Trust on request. Daily ward rounds are undertaken by the Safeguarding Adults Practitioner to provide hands on support to staff undertaking MCA assessments. The Safeguarding Adults MCA intranet page has been updated to provide practical support tools and guidance on using the MCA. The Safeguarding Adults Link Practitioners have been provided with updated training on the practical application of the MCA and now have the responsibility of disseminating these skills and knowledge to their colleagues throughout the Trust.

16. Deprivation of Liberty Safeguards

16.1 The Trust submitted 178 DoLs applications for authorisation during this period. This is a decrease on the previous period (2017/18), when 210 applications were submitted. Due to staff sickness there was no Safeguarding Adults Practitioner during the summer months when the number of applications fell significantly. This has illustrated the importance of the daily ward rounds undertaken by the Safeguarding Adults Practitioner in supporting staff to recognise when a Deprivation of Liberty may be taking place and to guide them on the correct process for submitting an application.



16.2 Due to the high turnover of patients in an acute hospital environment the Trust has repeatedly seen low numbers of DoLs applications authorised. The local authorities surrounding the Trust have struggled to assign best interest assessors

to patients in the time frame set by the current legislation. This has been recognised as an issue nationally and a new system, the Liberty Protection Safeguards, has been developed to address the issues around the practical applications of the DoLs.

- 16.3 The Government made their final response to the Law Commission review of the DoLs legislation in March 2018. Forty two out of forty seven recommendations were accepted. These recommendations have now been approved and given royal assent. The Trust intends to implement a task group to establish the resource implications (financial, staffing and training) and practical steps required by the Trust to get ready for the roll out of the new system which requires that the majority of authorisations should now be approved internally by the Trust itself rather than referred out to the local authority.

17. Court of Protection

- 17.1 The Trust made one application to the Court of Protection During this period. The application was made on behalf of a patient who required urgent medical treatment and was deemed not to have capacity to make this decision. The application was granted and the medical treatment undertaken.

18. Prevent

- 18.1 Prevent forms part of the Counter Terrorism and Security Act, 2015 and is concerned with preventing children and vulnerable adults becoming radicalised into terrorism. NHS Trusts are required to train staff to have knowledge of Prevent and radicalisation and to spot the vulnerabilities that may lead to a person becoming radicalised. The purpose of Prevent is for staff to identify and report concerns where they believe young people or adults may be vulnerable to radicalisation or exploiting others for the purposes of radicalisation. The Local Security Management Specialist is the Prevent lead for the Trust.

- 18.2 Referrals will be made where appropriate and the Prevent Lead (or nominated replacement) will attend the Local Authority Channel panel when requested. This multi-agency panel discusses the risk posed by vulnerable people who are referred for multi-agency support. There have been no referrals from the Trust to the Channel panel in 2018/19.

- 18.3 The Trust submits a quarterly return to the Regional Prevent Co-Ordinator and NHS England. The data submitted monitors the key elements of the prevent duties and responsibilities which include:

- Identification of Prevent leads – strategic and operational
- Delivery of training
- The levels of referrals made via the Channel process
- Representation and engagement with local and regional Prevent leads

- 18.4 All staff are required to receive basic awareness Prevent training and the Trust has achieved over 90% compliance. Basic Awareness Training is delivered via e-learning upon induction and through mandatory updates.

- 18.5 The Workshop to Raise Awareness of Prevent (WRAP) training is required for specific staff groups and the Trust undertook a training needs analysis to increase compliance. The Trust undertook the move to the approved e-learning module at

the start of 2019. This has seen an immediate rise in compliance and the Trust continues to work towards the national targets. The Trust is in liaison with the Regional Prevent Co-Ordinator to provide updates.

- 18.6 The Trust continues to attend and participate in Prevent workshops and events in London and has previously held one day conferences on site to promote awareness not only for our staff but also partner organisations and healthcare providers. These conferences have included specialist speakers, internally and externally, to provide delegates with additional skills and knowledge to further their ability to meet the Prevent objectives.

19. Modern Slavery

- 19.1 Despite slavery being banned in the majority of countries for over a hundred and fifty years, modern slavery takes many forms. Forced labour, people trafficking, debt bondage and child marriage are all forms of modern day slavery that affects the world's most vulnerable people. It is estimated that there are over 13,000 people in modern slavery in the United Kingdom.
- 19.2 Modern slavery is incorporated within the Safeguarding Children and Adult mandatory training from levels 1 -3, which applies to all staff employed by the Trust.
- 19.3 The Trust has reported 1 case of suspected Modern Slavery and 3 of Human Trafficking during this period. One case was developed into a case study and shared with Kingston Safeguarding Adults Board (KSAB). As a result the Board recommended that a learning event be held in Kingston to share the issues highlighted in the case study with all community safeguarding partners. Additionally, the case study has been shared nationally with the network of independent Safeguarding Adults Board chairs to spread the learning.

20. Achievements in 2018/19

- The Safeguarding Adults Team contributed to the 'Outstanding' rating from CQC. They found that Staff understood how to protect patients from abuse and had training on how to recognise and report abuse and they knew how to apply it in practice.
- Kingston Safeguarding Adults Board rated the Safeguarding Adults Team as Green in all areas assessed for the 2018/19 Safeguarding Adults at Risk Audit Tool.
- A case study developed by the Trust highlighting the need for improved multi agency working on supporting victims of modern slavery has been shared nationally. The Trust was commended for its good practice in supporting the victim.
- The Trust has established its own unique safeguarding adult's referral form. Staff have found this improves the efficiency of making a safeguarding referral.
- The safeguarding adult's intranet page has been reviewed and updated to provide an easy reference point for Trust staff
- A training matrix has been developed in conjunction with the Learning and Development Team to align safeguarding adults and MCA training levels with staff roles in line with the RCN Intercollegiate training guidance in preparation for its roll out in the following period.

- Face to face safeguarding adults training is now provided as part of the Trusts Corporate induction day and includes a session from the Trust's Independent Domestic Violence Advocate.
- In moving to an E Learning platform for mandatory safeguarding adults training the Trust is able to use the results from assessments undertaken by staff as part of the modules to have greater assurance that staff have met the competency requirements.
- Basic Awareness Prevent training across the Trust has attained over 90% compliance. The introduction of an approved E Learning module at the start of 2019 for WRAP has seen an immediate rise in compliance with this training and the Trust continues to work towards national targets.

21. Priorities for 2019/20

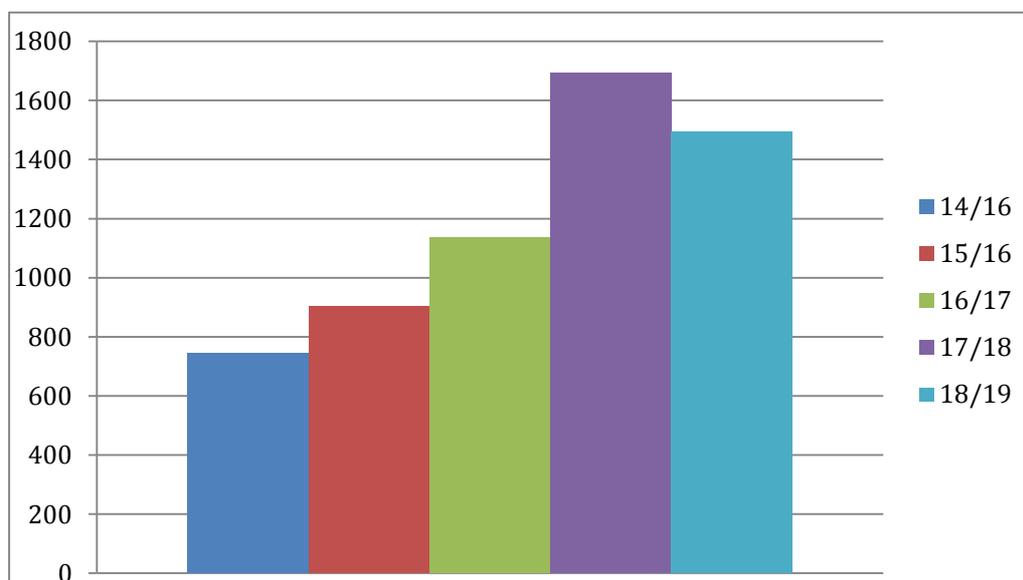
- Adopt and establish the Liberty Protection Safeguards system in the Trust.
- Introduce Level 3 safeguarding adults mandatory training using the Health Education England designed workshop and e learning package.
- Continue to work towards improving safeguarding adults mandatory training compliance rates.
- In partnership with the South West London Health Leads Forum design and implement a Mental Capacity Act audit which will guide future work on support staff to meet their requirements under this legislation.
- Continued attendance at the KSAB and multi-agency partnership meetings to enable the Trust to meet statutory responsibilities and engage with wider partnerships and services.

22. Safeguarding Children

22.1 KHFT is committed to ensuring that all patients including children and young people are cared for in a safe, secure and caring environment. KHFT adheres to its statutory duties in line with Section 11 of the Children Act. The Safeguarding Children's Team are committed to safeguarding and promoting the health and wellbeing of all unborn babies, and those babies, children and young people attending the Emergency Department (ED), as outpatients or, those admitted to the Paediatric wards, Emergency Assessment Unit, or any adult wards where 16 year olds and over have requested this. The Trust also have a 'duty of care' toward 'unseen' children whose parents have been admitted, or, have attended ED where there may be safeguarding concerns, for example, presenting with alcohol and drug misuse, suicidal ideation or in a mental health crisis.

23. Activity

23.1 There has been a total of 1495 Information Sharing Forms that have been sent to Children's Social Care Team's. The number of information sharing forms has decreased this year, compared to sustained increase since 2014.

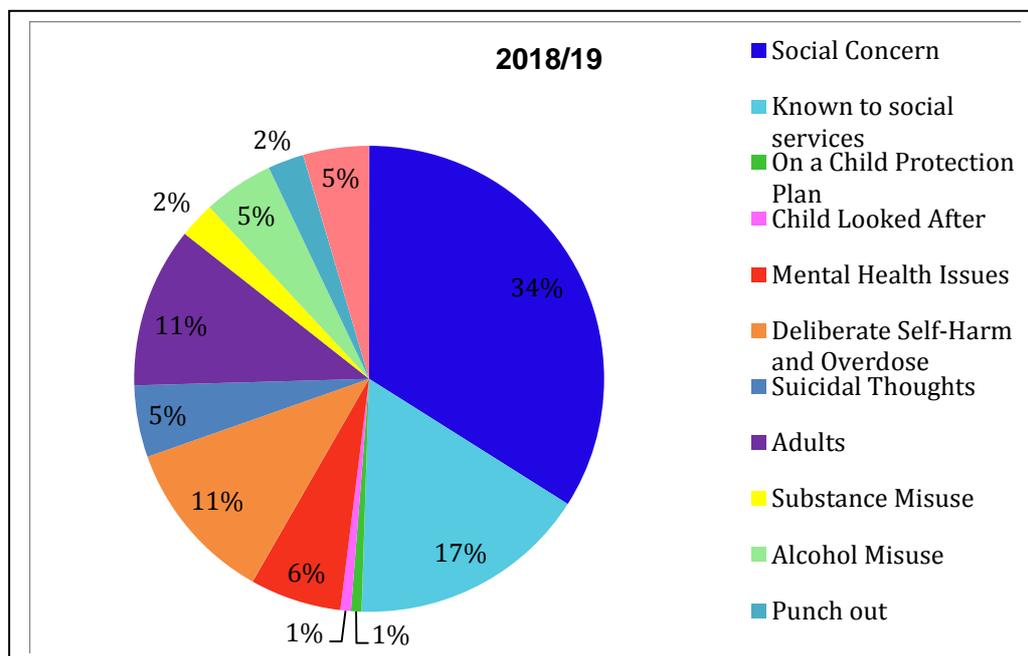


23.2 The pie chart below presents the primary reasons for Information Sharing by the Trust.

23.3 34% of referrals were for children known to social care; this is an increase from 25.35% last year.

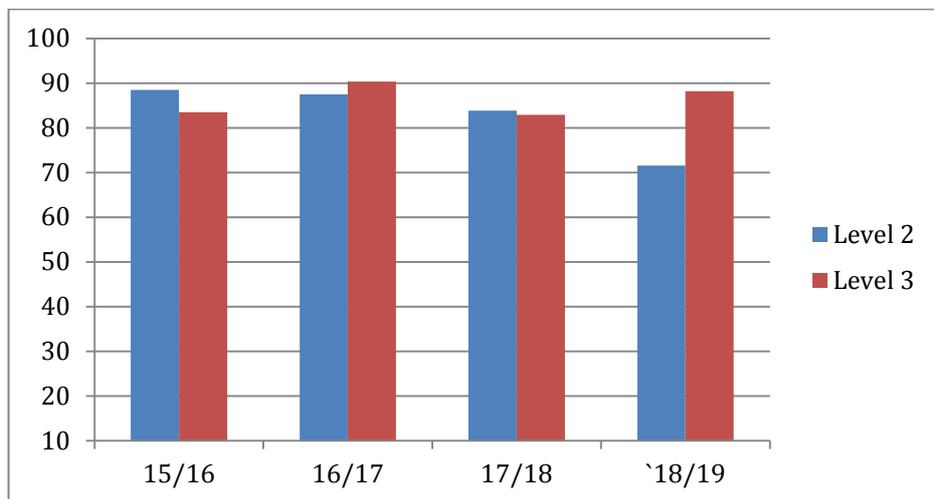
23.4 The number of children attending with suicidal idealisation has also increased to 4.8% from 2.03 %, while attendance for deliberate self-harm and overdose has increased to 11% from 10.64 % last year. This mirrors the national trend of a rise in children and young people self-harming with 164 attendances at KHFT ED in 2018-19 compared to 110 in 2015-2016. These rises are likely to be due to a variety of factors, including pressure to succeed at school, the damaging effects of social media, family breakup, growing inequality in recent years, children's body-image fears, history of abuse, including sexual abuse, and increasing sexualisation.

- 23.5 In 2018, 16% of children and young people in the UK have self-harmed (The Children's Society), compared to 10% in 2016 (Public Health England), although not all of these will seek help from an acute Hospital.



24. Safeguarding Children Training

- 24.1 KHFT has a target for mandatory training of 85%, however the Safeguarding Children Team strive towards achieving a 90% figure for Safeguarding Training as recommended by CQC. KHFT has a robust training policy in place to deliver training which is aligned to the 'Intercollegiate Document: Safeguarding Children and Young People: roles and competencies for health care staff' (RCN 2019). Training uptake is reviewed quarterly at the Safeguarding Children's Committee and monitored as a key performance indicator. Staff access level 1 safeguarding children training prior to commencing at KHFT. Level 2 Safeguarding training is now part of the Corporate Induction on day 2, with a face to face session, followed up by completion of E-Learning Safeguarding Children Level 2 training from Health Education England. This is a recent addition to Induction to enhance the training content.
- 24.2 Training compliance figures for Level 2 in some teams is below the required target. Plans will be implemented by the Safeguarding Children Team to maintain compliance at Level 3 in 2019/20 including increasing number of training seminars held within the hospital.



24.3 In October 2018 and March 2019 the Safeguarding Children Team facilitated Level 3 Safeguarding Training Seminar days which were delivered by external speakers. The programmes included sessions on Child Sexual Exploitation, Online Safety, Human Trafficking and Honour Based Violence.

24.4 The feedback from the training delivered has been highly positive. This has included:



25. Supervision

25.1 Effective professional safeguarding supervision can play a critical role in ensuring a clear focus on a child’s welfare. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family (Working Together to Safeguard Children 2018). Regular supervision sessions are attended by the named and designated professionals safeguarding professionals who will maintain a record of the meetings and topics discussed as part of continuing professional development.

25.2 The Trust supports its staff by holding monthly Schwartz rounds. These rounds are multi-disciplinary with the opportunity for attendees to hear and discuss similar experiences in their daily practice. By creating a safe space for reflection, Schwartz Rounds give staff the opportunity to share some of the emotional, psychological and ethical aspects of their work that may otherwise build up,

causing stress and anxiety and impeding their ability to deliver compassionate care.

- 25.3 Staff can also be supported by the Staff Hospital Chaplain, Pastoral & Spiritual Support team who can help to debrief after critical incidents or traumatic cases.

26. Liaison Health Visitor

- 26.1 The Liaison Health Visitor provides the vital link the Trust and community staff, such as GP's, health visitors and school nurses. Pertinent and timely information of children aged 0-19 years (and beyond if the child/young person has a disability or is a looked after child) and their families is shared with the professionals in the community for continuity of care and to safeguard and promote the welfare of children and young people.

27. Designated Officer (LADO)

- 27.1 The Designated Officer (formerly known as the Local Authority Designated Officer or LADO) in Kingston and Richmond is informed by the Trust of all cases in which it is alleged that a person who works with children has behaved in a way that has harmed, or may have harmed a child or behaved in a way that indicated they may pose a risk to children.

28. Section 11 Audit

- 28.1 Health related organisations providing services in Kingston and Richmond are required to undertake a Section 11 Audit for the Local Safeguarding Children Board. The Section 11 audits are a self-assessment undertaken by agencies every three years to quality assure their processes in respect of their statutory duty to safeguarding children as laid out in Section 11 of the Children Act 2004. The audit is intended to help organisations critically reflect on the adequacy of their arrangements, to identify any gaps, and to take any remedial action. The audits also provide an overview for commissioning bodies and partners of local safeguarding arrangements. KHFT completed the Section 11 audit in August 2017.

29. Serious Case Reviews

- 29.1 There was one Learning Lessons Review (LLR) undertaken in which the child was known to KHFT during 2018/19. This is where a serious incident involving a child fails to meet the criteria for undertaking a Serious Case Review. The chair of the Local Safeguarding Children Board can decide to undertake a Learning Lessons Review where it is identified that there are lessons to learn about single or multi-agency practice
- 29.2 The Trust actively participated with the LLR and any learning from the LLR will be embedded into practice and disseminated through training.

30. Child Protection Information System (CP-IS)

- 30.1 CP-IS was introduced in March 2018 and identifies children subject to a child protection plan, children who are looked after, and unborn children nationwide. The CP-IS flag is adjacent to the current safeguarding flag in the electronic records. By sharing data across regional boundaries CP-IS helps health care professionals build up a picture of a child's visits to unscheduled care settings supporting early help detection and intervention in cases of potential or actual abuse.
- 30.2 KHFT uses the Care Record Service (CRS) an electronic record keeping system. Flags are used to identify children with Child Protection Plans from Kingston, Richmond, Wandsworth, Sutton, Surrey and Merton. The Flag alerts the user in any department to the child's status. Information regarding a child's attendance at KHFT and can be shared with the relevant Children's Social Care team or Children Looked After team.

31. Achievements in 2018/19

- 2 successful Safeguarding Children Level 3 Training Seminars.
- Increased awareness of the requirement of Level 3 Safeguarding Children training across KHFT in areas where children are seen, which are not predominantly paediatric areas.
- Continued close working relationship with multiagency partnerships.
- Safeguarding Children Website has been updated on KHFT intranet.
- Increased joint working between Adult and Children Teams in KHFT

32. Priorities for 2019/20 The priorities for the forthcoming year are to:

- Increase frequency of Safeguarding Children Level 3 Training Seminars to maintain compliance rates.
- Ensure KHFT maintains a focus on 'Think Child Voice & Family'
- Introduction of KHFT Safeguarding Children Quarterly Newsletter to raise awareness and support national campaigns, such as Safe Sleep week, End FGM, Child Sexual Exploitation, Child Safety Week
- Introduction of Safeguarding Awareness Week
- Continued attendance at the LSCB and multi-agency partnership meetings to enable the Trust to meet statutory responsibilities and engage with wider partnerships and services

33. Safeguarding Within Kingston Hospital and Community Maternity Services

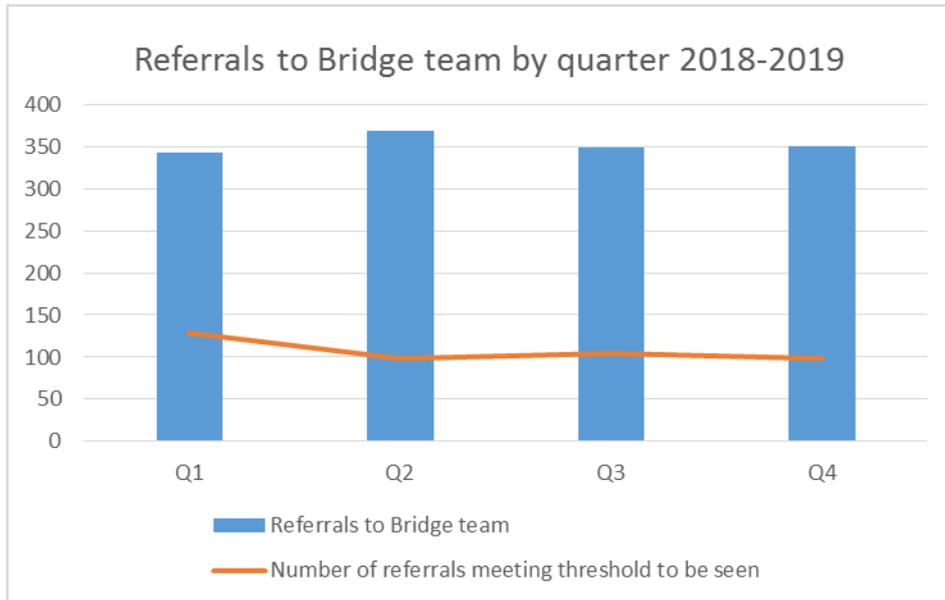
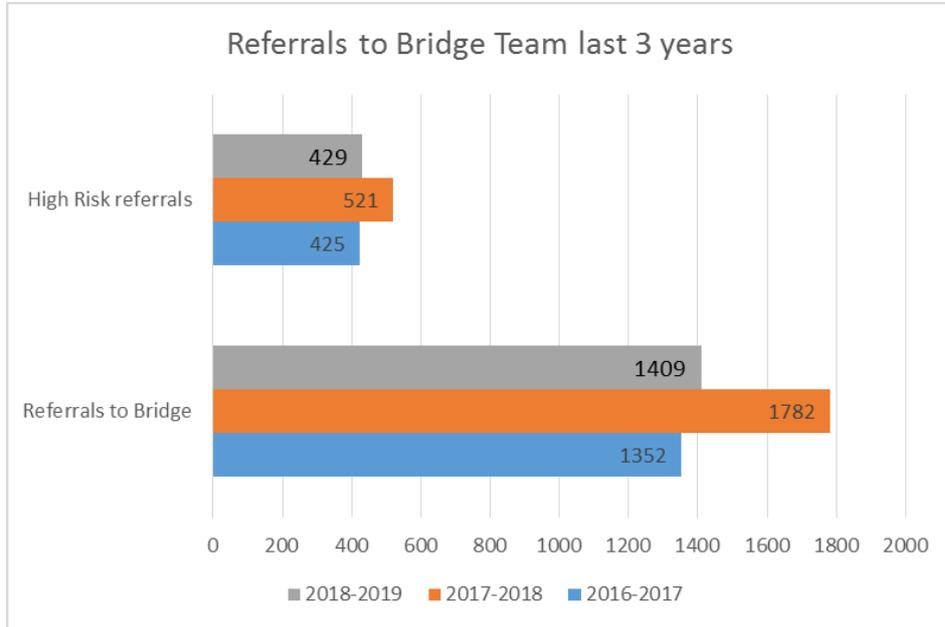
- 33.1 The Named Midwife for Safeguarding is supported in this role by 1.0 WTE job share post consisting of two Band 7 Safeguarding Midwives and also one 0.4 WTE Band 6 Safeguarding Midwife rotational post. The aim of this rotation is to increase the opportunity for midwives to work within the maternity safeguarding team to increase safeguarding knowledge and experience within the midwifery workforce. The safeguarding team is also supported by a Band 3, Maternity Support Worker 0.6 WTE. The Maternity Support Worker role is administrative and

also assists the safeguarding midwives to provide emotional support, providing access to charities, as well as providing some postnatal care and support for vulnerable women. The maternity safeguarding team supports both hospital and community based midwives and support workers, and ensures that safeguarding is embedded into practice.

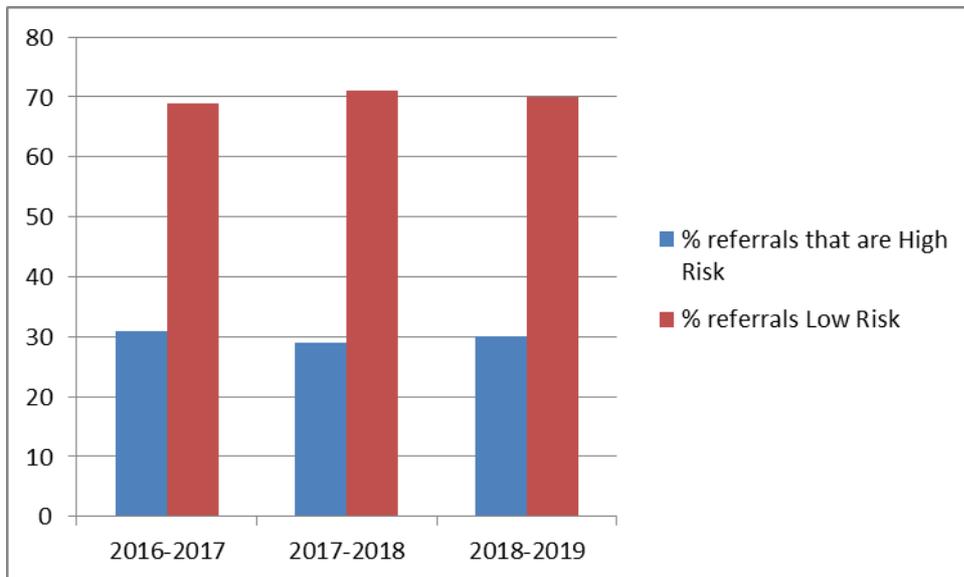
- 33.2 The Safeguarding Midwives (Bridge Team) are responsible for caring for vulnerable women and their families where there are safeguarding children's concerns, social care involvement, a learning disability or difficulty. The Bridge Team Midwives provide safeguarding support for all Trust midwives and provide antenatal continuity of midwifery care for vulnerable families, working as part of a multi-agency team which includes social workers and other health professionals. Within the team the Band 6 midwife provides antenatal support and antenatal continuity of care to young women, aged 17 and under, and also provides some postnatal care in addition to the named community midwives. The Band 6 midwife facilitates antenatal parent education classes for young parents aged 22 or below, with the Babettes group (Infant Feeding Supporter, Health Visitor, Hub Worker and Peer Supporters) at The Hub in Kingston town centre.
- 33.3 The Band 7 Safeguarding Midwives provide two antenatal clinics a week for women with more complex safeguarding needs. Plans of maternity care are agreed with the women attending these specialist midwifery clinics for their antenatal care with the care plan supporting the woman antenatally, during labour/baby's birth and postnatally.
- 33.4 Safeguarding Midwives chair a monthly multi professional Maternity Concerns Meeting to facilitate information sharing within health and local authority professionals. The safeguarding midwives with the named midwife for safeguarding children also represent the maternity service at the Trust multi-agency Child Safeguarding Committee meeting.
- 33.5 The Bridge Team midwives receive child safeguarding supervision from the Trust Named Nurse. The team attend multi-agency discharge planning meetings and child protection conferences for the more complex maternity safeguarding concerns. The Safeguarding Midwives also provide support to midwifery colleagues, and assist in escalating safeguarding concerns when required to ensure appropriate child safeguarding processes are being followed and safeguarding plans are in place for the woman and her baby.
- 33.6 The Safeguarding Midwives are responsible for ensuring referral of cases where appropriate to the Local Authority Children's Social Care Services to ensure adequate safeguarding plans are in place for the safe discharge of women and new-born babies. Where an unborn baby is placed on a child protection or child in need plan, the Safeguarding Midwives will attend all associated meetings. This ensures that robust plans of care are in place in the form of a pre-birth plan. These plans are then communicated to the maternity team (and if necessary, the neonatal team) to ensure health professionals involved in the families care are aware of the safeguarding concerns and care plans prior to discharge of the woman and baby from hospital or community midwifery care. The mother and baby are usually discharged together, but in some families where there are high risk safeguarding concerns the local authority will obtain an interim care order and the baby is placed into foster care. The maternity team will continue to support the parents in the postnatal period providing postnatal care for women and their baby. If a baby is placed in the care of foster parents within the local community the Trust maternity team will provide postnatal care for the baby.

34. Maternity Activity

Bridge referrals and appointments 2018-2019

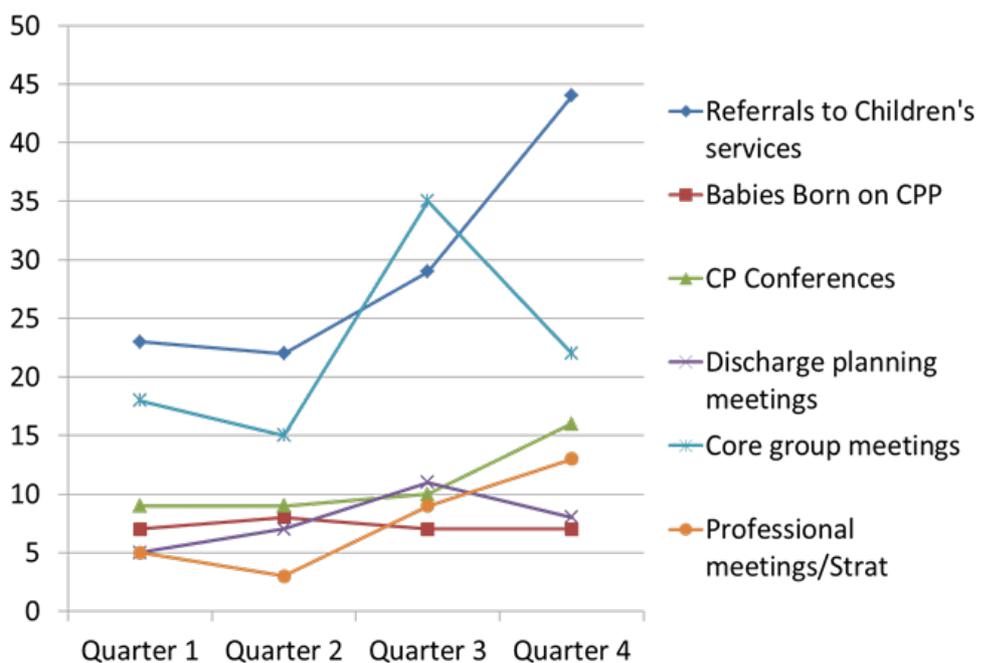


The numbers of referrals to the team has reduced this year but the birth rate has also reduced. However, the proportion of referrals deemed high risk remains consistent with previous years (30% seen 2018-2019, 29% 2017-2018 and 31% in 2016-2017) as the team continue to focus on the most vulnerable women and families, and support the community and hospital based midwives in caring for other women with a lower level of need.



Where women have declined Bridge team appointments, the team have supported the community midwives in their care as needed. Bridge team are responsible for following up those who do not attend Bridge team appointments by phone and letter. Appointment reminders are sent by text in order to try to improve attendance.

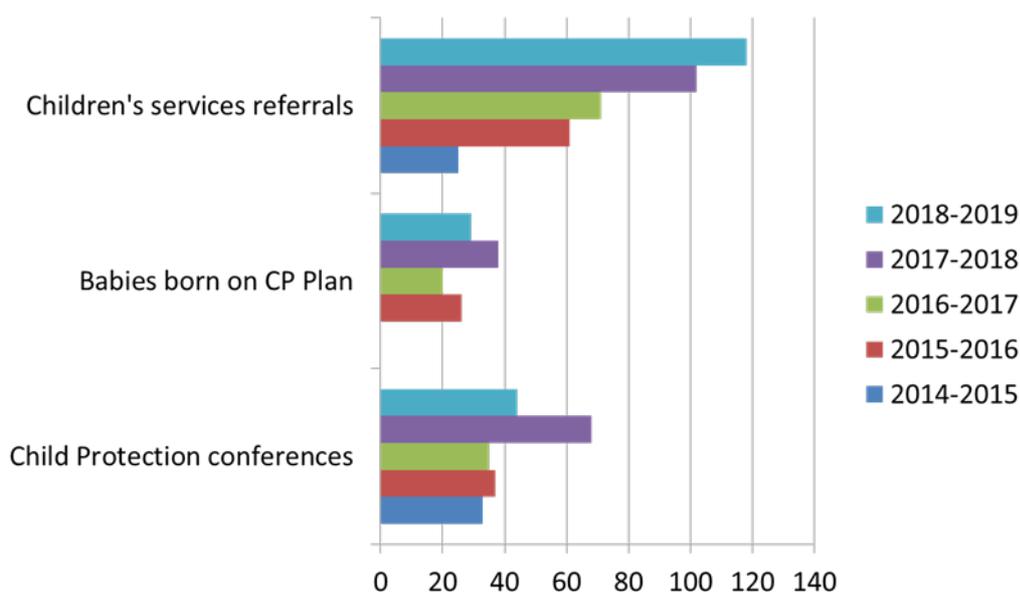
Safeguarding activity by quarter 2018-2019



Safeguarding activity last 5 years

Referrals to Children's Services have increased significantly in the last few years and this year has seen that trend continue. One reason for this increase may be due to agencies now having one referral form for both those requiring family support (early help) as well as those meeting the child safeguarding threshold.

In the past, separate referral processes were used. Families generally only have one referral to children's services, and intervention may be stepped up if warranted.



The high number of referrals for 2018-2019 is not reflected by a similar increase in babies born subject to a child protection plan or an increase in child protection conferences. This is due to a number of the cases referred being managed on a Child in Need level.

35. Training

35.1 The current Level 3 child safeguarding training figures for Obstetrics and Gynaecology is 84.99%. During the year a number of bespoke internal training events have been organised, with a range of internal and external speakers. Staff also attend Local Safeguarding Children Board training. This is either face to face or e-learning and covers a wide variety of child safeguarding subjects

36. Female Genital Mutilation (FGM)

36.1 FGM is illegal in England and Wales under the FGM Act (2003). It is a form of child abuse and violence against women. FGM comprises of all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

- 36.2 16 cases of FGM were identified in women booked for maternity care in 2018-2019
- 36.3 Section 5B of the 2003 Act introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' or potential risk of FGM in under 18s to the Police. The duty came into force on 31st October 2015. During the reporting period the Trust did not refer any children to the Police under this framework. However statistical information is gathered regarding women who have had FGM and is presented within the Trust. There were 40 women receiving maternity services during the last reporting period who had FGM as a child in their own country.
- This is compared to 16 cases during this reporting period. In this group the majority of women were from Somalia. Other countries cited were Sudan, Djibouti, Tanzania, Kenya, Yemen, Ethiopia and Liberia.
- 36.4 The Female Genital Mutilation Risk Information System (FGM-RIS) is a national information technology system that supports the early intervention and ongoing safeguarding of females, under the age of 18, who are potentially at risk of FGM.
- 36.5 This system was launched by the Department of Health and NHS England in July 2014 which enables recording the potential risk of FGM on a female child's health record. This is particular pertinent to maternity services as the most likely point for identifying that a child is potentially at risk of FGM is when she is born to a mother who has had FGM 3.
- 38.6 Following agreement and facilitation with NHS England, FGM-RIS is now implemented within the Trust as an electronic reporting system.

37. Domestic Abuse

- 37.1 Domestic Abuse is a complex area of practice. The potential victim group is wide ranging from people able to self-refer to those who are needed to be informed about support available. Abuse can happen in any context and takes many forms, some of which may not be obvious. Victim Support is dedicated to provide end to end specialist support.

Victims of domestic abuse in hospital are often in the immediate aftermath of a crisis: severe physical assault, drug/alcohol related medical needs, attempted suicide or self-harm. The risk of immediate harm must be reduced; particularly when hospital release is imminent (half of the clients in hospital are still in a relationship with the perpetrator which means they face additional risk).

Hospital IDVA provides practical support, empathy and understanding. The safety needs of the client are paramount, as well as ensuring longer term community support. The IDVA may: liaise with the police regarding bail conditions/remand, engage with housing and refuge providers, work with community and hospital-based mental health/drug/alcohol services, organise applications for civil remedies, refer to adult and/or children's social care (both within and outside of the hospital). The aim of the hospital IDVA is to reduce the risk of further harm and homicide, and to ensure that specialist community-based support is sustained.

- 37.1 An Independent Domestic Violence Advisor (IDVA) has now been in post since October 2016, which was created in partnership with Northamptonshire Sunflower Centre. The project is based around the Safe Lives research (2016) 'A Cry for Health' recognises that four out of five people experiencing domestic abuse do not

report to the police. However, many seek help for the medical consequences of their abuse. This statistic highlights how important it is for health providers to be part of the long-term solution to tackle domestic abuse.

- 37.2 Whilst the project was originally developed for patients, it has also been used by staff members who feel safe to meet at work to obtain advice and support. Statistics provided by Safe Lives indicate that nationally 51,355 NHS staff members are likely to have experienced domestic abuse in the past 12 months. The Trust has a domestic abuse support policy for staff in place.
- 37.3 The project places an IDVA full-time in the hospital to offer a range of services including:
- Training which focusses on ensuring staff at the hospital can identify signs of domestic abuse, feel comfortable asking the question and are clear on where to signpost them for help
 - Putting policies in place which provide clear processes on domestic abuse giving provision for both patients and staff
 - Triage, advice, signposting and support for both patients and staff.
- 37.4 Since 2017, the safeguarding midwives have received domestic abuse notifications from Northamptonshire Police. These notifications alert the midwifery service of any domestic incidents that the police attend where a pregnant woman is either the victim or the perpetrator. The information is used to flag the risk of domestic abuse to hospital staff or community midwives in order for them to offer relevant support. During the reporting period the team have received 183 notifications.
- 37.5 In terms of domestic homicide reviews (DHR's), the Trust has contributed to one out of four reviews. This has been completed and submitted to the Home Office for final approval.

38. Achievements during 2018/19

- Safeguarding training compliance achieved as per quality schedule.
- Continued attendance at the LSCB and multi-agency partnership meetings to enable the Trust to meet statutory responsibilities and engage with wider partnerships and services.
- Introduced and implemented FGM-RIS to ensure that female babies and children at risk of FGM are flagged on the NHS spine as part of NHS England early implementation sites.
- Ensured that the FGM data that midwives collect for the national data set is more consistent.
- Implementation of the Child Protection Information System- CP-IS in August 2018. This enable's staff to identify if there are child protection plans in place in or out of the county.
- Ensured that the hospital IDVA is firmly embedded within the Trust.
- Provided awareness of modern day slavery, human trafficking and gangs to equip staff with the skills to recognise concerns and react responsively
- The safeguarding training strategy has been revised.
- The training analysis for level 3 safeguarding children has been completed
- Grobaby, a local charity which provides baby essentials and continues to work with the maternity team to support vulnerable women and families.
- Member of the maternity safeguarding team has attended level 4 LSCB Child Sexual exploitation and county lines training.

39. Priorities for 2019/20

- Training for Safeguarding Midwives to be able to facilitate CP supervision
- Safeguarding Midwives to implement child protection supervision for maternity staff.
- Increase contact with all maternity teams especially those providing case loading care to improve continuity
- Continue to provide awareness and training of modern day slavery, child sexual exploitation, county lines, criminal gang involvement and PREVENT.

40. References and Further Reading

- Bournemouth Competencies (2015) National Competency Framework for Safeguarding Adults Bournemouth: National Centre or Post-Qualifying Social Work and Professional Practice, Brandon (2011)
- Care Act (2014)
- Children's Act (2004)
- Counter Terrorism and Security Act (2015)
- Deprivation of Liberty Safeguards (2009)
- Domestic Violence, Crime and Victims Act (2004)
- Female Genital Mutilation Act (2003)
- Health and Social Care Act 2008
- Laming (2003)
- Mental Capacity Act (2005)
- NHS England (2015) 'Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework' HMSO: Department of Health
- Northamptonshire Safeguarding Adult Board Procedures
- The Good Childhood Report, The Children's Society, 2018
- The Mental Health of Children and Young People in England, Public Health England, 2016
- Safeguarding Children and Young People Intercollegiate Guidance Roles and Competencies for Healthcare Staff (2019) HMSO: Department of Health
- Supreme Court (2014)
http://www.supremecourt.uk/decidedcases/docs/UKSC_2012_0068_Judgment.pdf
- Working Together to Safeguard Children and Young People (2018) HMSO